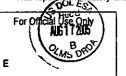
U.S. Department of Labor Office of Labor Management Standards \$ Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U 9440 | 2 Fiscal Year Covered From | | | |
|--|--|--|--|--|
| | 1 / 1 / 2004 Through 12 / 31 / 2004 | | | |
| 3 Name and address of person filing | 4 Name file number and address of labor organization | | | |
| Name DAVID W BAUER | Name CARPENTERS DISTRICT COUNCIL OF ST LOUIS | | | |
| | Labor Organization File Number 036 08 | | | |
| PO Box Bidg Room No if any | P O Box Building and Room Number if any | | | |
| Street 22 QUIET FALLS CT | Street 1401 HAMPTON AVE | | | |
| City ST CHARLES | City ST LOUIS | | | |
| State Missouri ZIP Code + 4 63304-2414 | State Missouri ZIP Code + 4 63139-3159 | | | |
| 5 Position in labor organization ASSISTANT CONTROLLER | | | | |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6. Name and address of Employer (including trade name if any) 7. Trade Name if any P.O. Box Bidg. Room No. if any 7. b. Amount. Street City ZIP Code + 4 ZIP Code + 4 | | | | |
| Signature | | | | |
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned is knowledge and belief true correct, and complete (See the section on penalties in the instructions) | | | | |
| Signed James Banks | On 81205 314-644-4800 Date Telephone Number | | | |

| Name of Person Filing DAVID, BAUER | File Number U | | |
|--|--|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | |
| 8 Name and address of Business (including trade name if any) Name INVESCO-NAM Trade Name if any P O Box Bldg Room No if any Street 400 W MARKET ST STE 2500 City LOUISVILLE State Kentucky ZIP Code + 4 40202-3349 10 If 9 b or 9 c is checked give trust or employer's name | 9 Business deals with a Labor Organization b Trust c Employer | | |
| Name CARPENTERS PENSION TRUST FUND Trade Name if any P O Box, Bldg Room No if any Street 1401 HAMPTON AVE | INVESCO-NAM IS A MONEY MANAGER FOR THE CARPENTERS PENSION TRUST FUND OF ST LOUIS | | |
| City ST LOUIS State Missouri ZIP Code + 4 63139-3159 | 11 b Approximate dollar value of such dealing \$293 076 12 a Nature of interest held or income received 1/29/04 DINNER (INCLUDED SPOUSE) | | |
| | 12 b Amount \$251 | | |
| C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 14 a Nature of payment. | | |
| 13 b Is the Business an Employer or Consultant? | 14 b Amount of payment. | | |

| | · · · · · · · · · · · · · · · · · · · | |
|------------------------------------|---------------------------------------|---------------|
| Name of Person Filing, DAVID BAUER | | File Number U |
| | | 4 |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a sub-tantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8 Name and address of Business (including trade name if any) | 9 Business deals with | |
|--|---|--------------|
| Name AMALGATRUST COMPANY | a Labor Org ınızatıon | |
| Trade Name If any | | |
| P O Box Bldg Room No If any | b Trust | |
| Street ONE WEST MONROE | c Employer | |
| City CHICAGO | | |
| State | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| · | AMALGATRUST COMPANY IS A MONEY MANA | AGER FOR THE |
| Name CARPENTERS HEALTH & WELFARE TRUST FUND | CARPENTERS HEALTH & WELFARE TRUST | UND |
| Trade Name if any | | |
| P O Box, Bldg Room No If any | | |
| Street 1401 HAMPTON AVE | | |
| Crty ST LOUIS | | |
| State M1SSOUR1 ZIP Code + 4 63139 3159 | 11 b Approximate dollar value of such dealing | \$104 086 |
| | 12 a Nature of interest held or income received | |
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| | ************************************** | , phy |
| | * - | |
| | | |
| | 12 b Amount | \$27 |

| Name of Person Filing, DAVID BAT | UER | File Number U | |
|----------------------------------|-----|-------------------|--|
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a sub-stantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8 Name and address of Business (including trade name if any) | 9 Business deals with | |
|--|--|---|
| Name UMB BANK | a Labor Organization | |
| Trade Name If any | b Trust | |
| PO Box Bldg Room No if any PO BOX 66919 | | |
| Street 2 SOUTH BROADWAY | c Employer | |
| City ST LOUIS | | |
| State Missouri ZIP Code + 4 63166-6919 | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| Name CARPENTERS PENSION TRUST FUND | UMB BANK WAS THE CUSTODIAN FOR THE | 1 1 |
| | DISTRICT COUNCIL S FRINGE BENEFIT | FUNDS |
| Trade Name If any | | *************************************** |
| PO Box, Bldg Room No If any | | |
| Street 1401 HAMPTON AVE | | |
| City ST LOUIS | | |
| State M1ssour1 ZIP Code + 4 [63139-3159] | 11 b Approximate dollar value of such dealing | \$13 750 |
| | 12 a Nature of interest held or income received | |
| | 7/10/04 UMB PAVILION TICKETS TO A | CONCERT |
| | de transporter de la constant de la | *************************************** |
| | and the second s | ************************************** |
| | et minimum and an and an | *************************************** |
| | A STATE OF THE STA | A CALLES |
| | | |
| | - | |
| | 12 b Amount | \$240 |

| Name of Person Filing DAVID | BAUER | File Number U |
|-----------------------------|-------|---------------|
| | | |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8 Name and address of Business (including trade name if any) | 9 Business deals with | |
|--|---|--|
| Name SIERRA INVESTMENT PARTNERS | a Labor Organization | |
| Trade Name If any | a Labor Organization | |
| P O Box Bldg Room No if any | b Trust | |
| Street 2625 BUTTERFIELD RD STE 138 SOUTH | c Employer | |
| | | ı |
| City OAK BROOK State Illinois ZIP Code + 4 (053 1344) | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| | SIERRA INVESTMENT PARTNERS IS A MO | NEV MANACED FOR |
| Name CARPENTERS PENSION TRUST FUND | THE CARPENTERS PENSION TRUST FUND | |
| Trade Name If any | | <i>€</i> |
| | ** | *************************************** |
| P O Box Bldg Room No if any | | |
| Street 1401 HAMPTON AVE | | x. ±0 |
| | | |
| City ST LOUIS | | |
| State Missouri ZIP Code + 4 63139 3159 | 11 b Approximate dollar value of such dealing | \$75 192 |
| | 12 a Nature of interest held or income received | |
| | 12/04 HOLIDAY BOTTLE OF WINE | |
| | table to the same of the same | |
| | | |
| | | 173 |
| | | |
| | | ** ********************************** |
| | | |
| - | | |
| | 12 b Amount | \$49 |
| | <u></u> | |